TRAV	EL EXPEN	SE CLAIM		Se	e Instructi	ons and *Pr	rivacy					*****					
ELECTR	ONIC STD. 26	2 (REV. 04/95)		Ste	atement Or	Reverse S	Side				Page	of_	Page	25			
CLAIMAN	SSAN OR EMPLOYEE NUMBER*						DEPARTMENT California Emergency Management A										
POSITIO		1	CB/ID NUM	MBER	DIVISION C	R BUREAU			INDEX NUMBER				or Anna Parameters				
Secretary E99						Executiv	/e							~			
RESIDEN	CE.						HEADQUARTERS ADDRESS 3650 Schriever Ave.						TELEPHONE NUI 916-324-89				
			STATE ZIP CODE CA 3			crry Mather						STATE ZIP CODE CA 95655					
141 MONTHIYFAR (3)		(4)	(5) MEAL		5	(6)	(7)	~~~~~	SPORTATION			(8)		(9)			
(2)		LOCATION  WHERE EXPENSES  WERE INCURRED	LODGING	BREAK-	Lungu	O.T., L/T, N/C, RELO. OR	INCIDEN-	(A) COST OF TRANS.	(B) TYPE USED	(C) GAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE		TOTAL EXPENSE		
DATE	TIME			FAST	LUNCH	DINNER	TALS	TRANS.			MILES	AMOUNT	-		FO	R DAY	
1-Dec	6:15	Sacramento to DC		-	-						-		-				
2-Dec	1	***************************************		-	-						-						
3-Dec	20:15	DC to L.A.		-	-				RC	\$ 5.00					\$	5.00	
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				1													
(10)	<u> </u>																
SUBTOTALS							C. 1885 (C. 1	\$ 5.00	125.00			ni Le	\$	5.00			
COLUMN C	ODE (ACCTG.	. USE ONLY)			Mark Control												
TIT EVENO	CLAIM TOT	FAL ARKS AND DETAILS (Attached re		The second second							LITTI NORM	AL WORK HOUR	15		\$	5.00	
		rity Law Enforcement Part					<i></i>					9:00 - 6:0	00	IER			
		.,		·/////////////////////////////////////						-	1	se rate claim 48.5¢/Mi					
										ecces		Y ACCOUN		FICE			
										-		USE (	ONLY				
If a privately own	ed vehicle was used	ਨਾਓ is a true statement of the travel ex d, and if milage rates exceed the minin	oun rate, I certify the	e cost of operation	ng the vehicle wa	s equal to or grea	ater than the rate	ornia.			#!				,		
CLAIN * * ****	I have met the requ	urements **	0752	, 0753, and 0754 DATE	pertaining to vel	ncie sarety	alt insage.		-			ļī	DATE!	. /	/		
ے بد			1			*				pelino			7/1	0/0	20/	0	
(17) SIGNATUI	RE AND TITLE &	F-AUTHORITY FOR SPECIAL EX	See il	tem 17 on reve	erse) (			•					XÁTE.	1			
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STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM  ELECTRONIC STD. 262 (REV. 04/95)				Sec	Page of Page											
				Sta	tement_Or	n Reverse Side						Page of Pages				
CLAIMANT'S NAME				SSAN OR EMPLOYEE NUMBER*							DEPARTMENT					
Matthew R. Bettenhausen											California Emergency Management Aç					
POSITION				CB/ID NUM	BER	DIVISION OR BUREAU  Executive							INDEX NUME	EK		
Secretary RESIDENCE*  [1] MONTHYEAR [3]				E99			RTERS ADD			TELEPHONE NUMB 916-324-890			UMBER			
			STATE ZIP CODE CA 95833		3650 Schriever Ave.  city  Mather						STATE CA			ZIP CODE 95655		
			CA (4)	(5) MEAL			(6)	(7) TRANSPORTATIO					(8)	(9)		
Docombos 2000 LOCATION			(0)	T	]		(A)	(B)	(C)		(D) TE CAR USE	1000		TOTAL		
(2)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR	INCIDEN- TALS	COST OF TRANS.	TYPE	CAREFARE TOLLS, PARKING	1		BUSINESS EXPENSE	E	KPENSE	
DATE	TIME		13 ( 13	1701	LONGR	DINNER	TALS				MILES	AMOUNT			121.00	
3-Dec	20:15	Los Angeles	121.00 \$ 121.10		-						-				<del>-121:10</del>	
4-Dec	16:30	L.A. to Sacramento		\$ 6.00	\$ 10.00	/		\$ 6.39	RC					\$	22.39	
17-Dec	11:30- 16:30	Sacramento to SF and return							sc	\$ 6.00	, _			\$	6.00	
	10.00	4.16.15,44.1														
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(10)											+			14	19.39	
	SUBTOTA	ALS	\$ 121.10	\$ 6.00	\$ 10.00			\$ 6.39		\$ 6.00				\$ -	149:49	
COLUMN CO	DE (ACCTG	. USE ONLY)							Marie S.					1	49.39	
	CLAIM TO										Transpa	IAL WORK HOUF	94	\$	149:49	
		MARKS AND DETAILS (Misched of ass event with Secretary of		nen required)							(12) NOK	9:00 - 6:				
			Luocation.								(13) PRIVA	TE VEHICLE LIC				
12/17: Partic	cipate in Ts	unami Map press event									100 000	48.5¢/Mi				
										1500			ITING OFFICE	esavisi.		
	,									_	ALL SE	USE		R		
							f the State of C	tornis								
If a privately owner	vehicle was use	boyers a true statement of the travel of to, and if milage rates exceed the mini cuirements as prescribed by SAM Sect	mun rate, I certify the	cost of operat	ing the vehicle v	vas equal to or gre	ater than the rate	i		200000000000000000000000000000000000000				/		
CLAIMAN <sup>7</sup>	in the rec	V, 3	721	DATE		,,,,				, 4.	<del> </del>		2/10/	70	10	
-; π	E AND TI	OB CRECIAL F	EXPENSES (out it	em 17 on rev	erse)		-						DATE .			
(17, SIGNATURI	E AIND II	- SECURIC	INGES (SEC. II	~ 17 DII 167	/											
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